



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last) Okamoto	(First) Gary	(Middle) A	TELEPHONE 808-535-8731
MAILING ADDRESS (Street) 1099 Alakea Street, Suite 1100			FAX 808-535-8733
(City) Honolulu	(State) Hawaii	(Zip Code) 96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

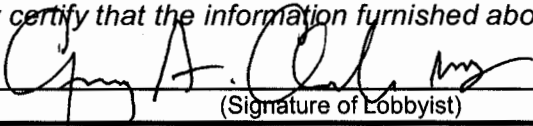
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The Queen's Health Systems			TELEPHONE 532-6100
MAILING ADDRESS (Street) 1099 Alakea Street, Suite 1100			FAX 808-535-8731
(City) Honolulu	(State) Hawaii	(Zip Code) 96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT John Nitao			TELEPHONE 808-532-6167
MAILING ADDRESS (Street) 1099 Alakea Street, Suite 1100			FAX 808-532-6168
(City) Honolulu	(State) Hawaii	(Zip Code) 96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

3-30-05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	Same as lobbyist	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Gary A. Okamoto

NAME OF ORGANIZATION (if applicable)

The Queen's Health Systems

TELEPHONE

535-8731

MAILING ADDRESS (Street)

1099 Alakea Street, Suite 1100

FAX

535-8733

(City)

Honolulu

(State)

Hawaii

(Zip Code)

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

3-30-05

(Date)